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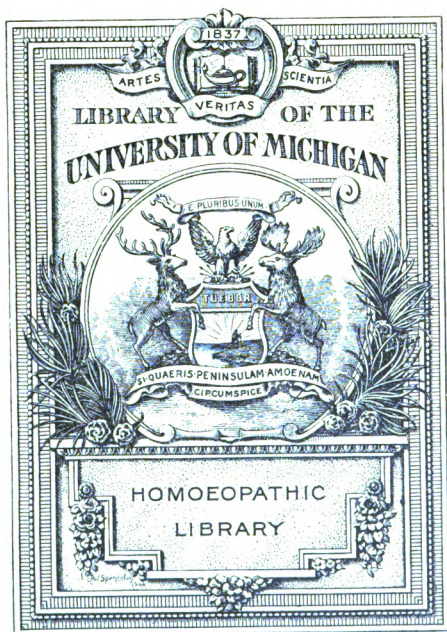
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THE CURE OF  
TUMOURS  
BY MEDICINES

WITH ESPECIAL REFERENCE  
TO THE CANCER NOSODES

*J. H. CLARKE, M.D.*



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THE CURE OF TUMOURS  
BY MEDICINES





## PREFACE

EVER since the days of Hahnemann it has been known to homœopathists that it was possible to find in the virus of a disease a remedy for certain cases of the disease from which it had been drawn. Hahnemann observed that two diseases which were very like each other could not exist in the same patient at the same time, although it was quite possible for two dissimilar diseases to coexist. The action of an attack of vaccinia in protecting a person from smallpox infection he rightly regarded as an exemplification of the homœopathic law. Now, since it is known that vaccine, in many instances at least—for the origin of *all* the vaccine viruses in use at the present

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time is a matter of much uncertainty—is nothing more nor less than modified smallpox virus, it is evident that the prevention of smallpox by vaccination is prevention by the modified virus of smallpox itself.

It cannot be too widely known that homœopathists have long been in possession of this knowledge, and have turned it to very good account. By means of their peculiar methods of attenuating poisons they are able to prepare medicaments from disease-viruses, from serpent-venoms, and other deadly poisons, which still retain all the remedial virtues of the agencies without any of their primary risks. A medicament derived from the virus of a disease is termed in homœopathic technology a “nosode.” Long before Pasteur developed his preventive remedy for hydrophobia, homœopathists had used the nosode “*Hydrophobinum*,” or “*Lyssinum*,” as it is also called. Long before Koch launched his *Tuberculin* on a startled world, homœopathists had used, with potent

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effect, the nosode *Tuberculinum*, prepared by themselves. Of this Dr James Compton Burnett has given a most graphic account in his *New Cure for Consumption by its Own Virus*, showing what had been accomplished by himself with this remedy before Dr Koch began his attempt at cure.

Given one nosode, we have the clue to all. Homœopathists have, therefore, made remedies of disease-viruses, and among them the viruses of the different forms of cancer. Here, again, though not the originator of the idea, Dr Burnett was an energetic developer of the practical side of it, and I shall have occasion to refer to some of his work in the course of the following pages. But my principal object is to give some of the results of my own experience in this particular line.

Homœopathists are untrue to their trust if they allow the so-called "orthodox" party to exploit their principles, make use of them in a crude and violent manner, and carry off the credit of such results as

they obtain. The injection of animal solutions, called serums, into a patient's blood-current is to my mind a violent proceeding. And it is quite unnecessary, since the use of homœopathic infinitesimals is open to all. The curative effects of the nosodes can be obtained without any violation of the organism treated, or the organisms from which they are obtained.

That the methods of Pasteur, Koch, von Behring, and Roux are really homœopathic, has been acknowledged by Professor von Behring, Dr Roux, and others. "There is much truth in the Hahnemann method of curing like by like," said Dr Roux, and von Behring has been much more explicit. "By what technical term," says von Behring, "could we more appropriately speak of this influence, excited by a *similar* virus, than by Hahnemann's word — '*Homœopathy*'?" Therefore it is incumbent on the representatives of the "like to like" therapy to see that their system has the credit of its own products.

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This is one of my chief reasons for offering this small contribution to a very great, and very important subject. I hope other observers will give their experience to the world.

But it would be a very great mistake to imagine that the nosodes are the only remedies available for the cure of tumours: Nosodes are just like any other members of the homœopathic materia medica—they have their indications, and will do their work when these indications are present. Sometimes they will suffice for the cure of a case, but more often they require the assistance and co-operation of other remedies as the indications for these arise. I have no cut-and-dried “cure” for tumours in the abstract to offer. It is a work which requires the full use of observing faculties. The choice of a remedy in any case is, so to say, a work of art, and it can only be accomplished with a due exercise of the faculties of judgment and discrimination.

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Examples of the curative action of both nosodes and other classes of homœopathic remedies will be found in the subjoined pages.

JOHN H. CLARKE.

8 BOLTON ST., LONDON, W.,

*July 4th, 1908.*

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# The Cure of Tumours by Medicines

## CHAPTER I

### INTRODUCTION

THERE are few homœopathic practitioners of any wide experience who have not seen tumours decrease in size and disappear altogether under treatment by medicine, but there are still fewer who start out with the determination to treat with medicine every case of tumour which comes under their care. And yet, if tumours are curable by means of medicine, it is by far the most

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pleasant and scientific way of dealing with them. As homœopaths have done infinitely more of this kind of work than practitioners of the other school, I think it important for every homœopathic practitioner to put on record his experience for the help and guidance of others.

For it must be admitted that the cure of tumours by medicine is not always easy. The method of the surgeon which removes the lump is far more expeditious, and appeals with considerable force to the imagination of the majority. I am not going to attempt to draw a line between the province of the surgeon and the province of the physician in the treatment of

tumours. That is a line which does not exist ; or, rather, it is a line which every physician and every surgeon must draw for himself. My own part in these pages will be to show what has been done from the physician's side, and, as far as possible, what may be done and how it may be done.

There is no one in late years who has cured more cases of tumour, cancer included, than the late Dr Compton Burnett ; but even he knew when to avail himself of the surgeon's art, and it was as an ancillary to medicine, not as its master.

Dr Burnett maintained that in the majority of cases of tumour the finer symptoms available for

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basing a homœopathic prescription upon were often lacking. It was necessary, therefore, to find the indications elsewhere. There were two sources from which he obtained his tumour-curing remedies, and of these one was the class of remedies known as organ-remedies. In these remedies the similarity lies chiefly in the *locality* and *direction* of action. The other source of curative remedies he found in the nosodes, and especially the nosodes of cancer. Burnett may be said to be almost the creator of the remedies of this class. It is the remedies that were especially prepared from his specimens that I have chiefly used in my work during later years.

But in addition to these remedies, a third source has been opened by the late Dr Robert Cooper, in the remedies he named "Arborivital." These are remedies, many of them old members of the *Materia Medica*, prepared from fresh specimens by himself, and administered in unit doses of the tincture. Dr Cooper's son, Dr Le Hunte Cooper, has continued his father's work with conspicuous success.

Symptom - correspondence *does* sometimes suffice to reveal the remedies, so that we have four means at our disposal to find a remedy for any case:—

- (1) Exact symptom-correspondence.
- (2) Organ-homœopathy.

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(3) Diathetic homœopathy, including (a) nosodes, especially nosodes of cancer ; (b) constitutional homœopathic remedies ; (c) specific taint remedies, like *Thuja*, in cases of vaccinosis.

(4) The “Arborivital” method of Cooper.

With this very wide range of selection, the homœopathic physician is in a vastly better position for coping with cases of the kind than is his allopathic brother. There is no excuse for him to yield the surgeon precedence in the matter, though he may be glad to avail himself of the surgeon's help when occasion demands.

It is not within my present purpose to make any attempt

to exactly differentiate between tumours of different kinds, nor even between malignant and non-malignant. Nature herself has not drawn any hard-and-fast line, and for that matter neither have remedies. I shall be able to give instances of tumours, undoubtedly innocent, cured by cancer nosodes ; and, on the other hand, I can give cases of undoubtedly malignant growths cured by vegetable remedies.

There was a very thoughtful paper by Mr W. H. Clayton Greene, F.R.C.S., published in the *Medical Press* of May 23rd, 1906, and communicated originally to the Harveian Society, called "Simple Tumours, and their relation to



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Malignant Disease." From this paper I will take the liberty of making a few quotations.

"We have been accustomed," says Mr Greene, "for a long time to divide our new growths into two classes—simple and malignant—by means of a hypothetical border line, but we have not as yet been able satisfactorily to ascertain those factors which lead to the transgression of this imperceptible barrier and which institute a malignant change.

"During the last few years the lime-light of experimental research has been turned upon the various forms of malignant disease, and although we have undoubtedly learned many important details with regard to their structure and method of growth, we are still in the dark as to their causation.

"While this prominent position has been occupied by tumours which are undoubtedly malignant, those growths which

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are still classified as simple have been left in obscurity, and we ourselves, content with text-book dicta, have come to regard them of slight importance, unlikely in most cases to influence the life of their unfortunate possessor in an adverse manner.

“It is somewhat surprising that so little attention has been directed to this subject, and how little the relationship between these simple and malignant forms of growth has been appreciated.

“A few lines are found at the end of a text-book account to suggest that a malignant degeneration may occur, but no emphasis is laid on the fact that in a surprisingly large number of cases, where undoubted malignant disease is present, it has been preceded by some local tumour formation.

“How often in cases of cancer of the breast do we obtain the history, ‘Oh, I had a small swelling for a number of years, but I didn’t think much of it!’

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“From a brief survey—and at present I cannot boast an experience worthy of any other adjective—I would venture to formulate three axioms with respect to simple tumours.

“(1) That every simple tumour is an expression of tissue instability.

“(2) That any so-called simple tumour is potentially malignant.

“(3) That irritation is an important factor, not only in producing many forms of simple neoplasm, but in exciting them to transgress that arbitrary line of definition which separates them from malignant growths.”

Again—

“Turning to the pathology of simple tumours, we find that they illustrate a departure from the natural conditions of a part by the over-activity of certain cells which enter into their composition.

“The standard definition of simple

tumours is that they grow slowly, possess a capsule, do not recur if completely removed, and do not infiltrate. Such a definition is insufficient, inaccurate, and misleading. The rate of growth varies, and may equal that of a malignant neoplasm; the capsule is a fortuitous occurrence, depending upon the position of the tumour. Some do not possess it; while, on the other hand, a sarcoma or even a carcinoma in their early stages may possess a capsule defined enough to satisfy the most exacting critic. They do not recur if they are completely removed; nor, we may add, do malignant tumours; but in the latter case the obstacles to complete extirpation are more insuperable. Again, the fact that certain of these so-called innocent growths are dangerous to life from their position—papillomata of the bladder, or of the larynx—that many of them tend to ulceration, sloughing and decomposition, apart from other considerations, strongly suggests that we should

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reconstruct our views and definitions with regard to this group."

Further—

"Simple tumours are potentially malignant, in that they, as expressions of instability, show a weak spot in the body which may readily be attacked by cancerous change—many of them, from the earliest periods of their conception, tending to that end.

"Just as an infection will select that part of the body where resistance is lowered by antecedent injury or disease, or where from some developmental or anatomical reason that part is more exposed or susceptible, so cancer will select for its beginnings those regions of the body where a weakness of the tissues has been expressed by the appearance of the simple tumour, or by the ill-ordered reproduction following chronic inflammatory change. We cannot feel proud of the results of surgery as applied to

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malignant disease. If these results are to be improved, attention must be paid to those conditions which precede the actual cancer. It may be taken for granted that extirpation of cancerous tumours is not the ideal treatment."

If it is impossible, as Mr Greene clearly shows, to draw a line between malignant and non-malignant growths, it is equally impossible to draw a line between malignant and non-malignant remedies. It is therefore essential that our indications should be sought and found in some data that are more certain than academic definitions.

Mr Clayton Greene's article incidentally shows the futility of seeking for "cancer remedies"—

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*i.e.*, remedies which shall cure all cases of cancer and not touch cases that are not cancerous. If it is impossible to define cancer satisfactorily, or to differentiate cancerous from non-cancerous growths, it is absurd to expect to find "specific" remedies for the indefinable.

All tumour production is an evidence, in Mr Greene's phrase, of "instability of tissue," and therefore all remedies which have an action on tissue-formation may act as remedies in cancer. The problem is to find the remedy or remedies particularly indicated for each case.

But although there is no clear dividing line between tumours that



are malignant and those that are innocent, there are certain broad features in the characterisation of cancers that are pretty definitely ascertained. That cancer is in a low degree and in a very slow way infectious, I have not any doubt. That the infective principle exists in the growth itself and in the discharge from the growth, is proved by the power of the homœopathic nosodes prepared from these ; by the infectivity of the growth in the patient himself — infecting glands and surrounding tissues ; by the experimental test of the transference of cancer from one animal to another of the same species—including the human being.

Other evidences of the trans-

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missibility of cancer are — the occurrence in married couples with a frequency greater than the law of coincidence would account for ; and the existence of “cancer houses.”

An instance of this came under my notice many years ago. It occurred in a palatial house in London, owned and occupied by a well-known baronet. When the family were absent from town, the house was left in the charge of a caretaker, an old army man and his wife. This man was taken ill in the house, and died of cancer of the stomach. Not long after, his wife died (not in this house) of the same disease. Some years later the baronet was taken ill, and died

after two years' illness, of cancer. A year or so after this his wife died of the same disease, and their eldest son, the next baronet, followed his parents.

But cancer is a complex disease, and the formation of the tumour may be regarded as the final chapter of a series. Heredity plays an important part; contagion plays a, perhaps, sometimes less important part; and other factors sometimes play an all-important part quite independently, as it seems, of the other two. Blood-poisoning of many kinds may be the determining factor in the causation of cancer. I have seen cancer develop in two cases apparently as a result of blood-

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poisoning from drains, in some of the insanitary places abroad. One was in an elderly lady, who developed a severe sore throat, not diphtheritic, but of the ordinary drain - throat type. When she returned from abroad the acute symptoms had passed away, but she was far from well, and malignant disease of the throat developed. The other case was in a young lady, who had a large uterine fibroid, but was otherwise in good health, when she was exposed to insanitary conditions in a hotel she was staying at abroad. She became unwell in an indefinite sort of way, and soon after noticed pain in her right breast, where a lump had formed.

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The late Dr R. T. Cooper was the first to point out this connection between ordinary blood-poisoning and cancer, so far as I am aware ; and it was he who insisted that cancer was a disease much more easily acted on by remedies than many other less formidable maladies. The reason of this is that cancer is more prone to break down than many other diseases, and in this way its elements are, so to speak, more soluble and more easily open to attack by the "phagocytes" — the active cells which "eat up" morbid elements and carry them away in the ordinary channels of excretion.

Before leaving the subject of the nature of cancer I may

mention the fact, which has been noted by many observers, that there is a pre-cancerous stage in most cancer cases which may be detected and cured if the origin is discovered in time.

Cases of intractible rheumatic pains, of indigestion which will yield to none of the ordinarily indicated remedies, chronic headaches, and neuralgia.

An instance in which rheumatism was apparently changed into cancer by a heavy dose of *Salicylate of Soda* is given in the preface of my book on Rheumatism.

“Patients whose parents or relatives have died of cancer often have rheumatism in some form or other. If this state is properly treated by specific remedies,

the tendency may be cured ; if it is not properly treated, the chances are that cancer will sooner or later develop.

“One definite case of this has come under my observation. A married lady of cancerous family history was a great sufferer from rheumatism. On one occasion the pain settled in the right hip, and the doctor in attendance, an allopath, prescribed a massive dose of Salicylate of Soda which almost immediately removed the pain, and it never returned. But very soon something else appeared in the shape of a lump on the anterior border of the axilla involving the great pectoral muscle. This was cancer. The rheumatism in this lady's case was in reality a pre-tumour stage of cancer, and might have been treated as such. The sudden arresting of the rheumatic expression of this constitutional state rapidly determined the tumour formation.”

A somewhat analogous case may

be mentioned here. An unmarried lady had for years suffered from low vitality: cold hands and cold and clammy feet, and somewhat indefinite rheumatic pains in various parts of the body. Among other symptoms were, at times, great depression of spirits and a fear that she would go out of her mind. (Her father, it may be mentioned, had committed suicide.) At the age when the change of life was approaching there appeared in the right breast a nodule of scirrhus cancer; with the appearance of this, all the other symptoms improved.

Thus it not seldom happens that in the formation of the tumour the pre-cancerous symptoms clear up; and herein lies some justification



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for the recourse to surgery. A cancerous tumour is stored - up disease. But if the mass is excised without any attempt being made to correct the constitutional state which has led to the formation, the chances of recurrence are very great, and the actual condition is made worse instead of better.

That cancer is a disease easily cured by medicine I should be sorry to assert, but that it is easily influenced by them is most certain. In a very large number of cases it has been actually cured; in many others it has been arrested when already developed, and prevented when taken in the formative stage. There are many remedies which have proved efficacious in the cure

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of cancer, and some of them I shall mention in the course of this work. But first of all I will speak of the action of nosodes.

In the old school, Dr Colley of the United States has used a fluid derived from microbial cultures, and Dr Doyen of Paris has attacked the disease by means of a nosode, or preparation derived from the disease itself. They have met with some success. The cancer nosodes of the homœopaths are chiefly *Scirrhinum*, *Carcinosinum*, *Durum*, *Mamillinum*, *Epitheliominum*, *Sarcominum*. The first four are variants of the same nosode. *Carcinosinum*, *Durum*, *Mamillinum* are preparations of Dr Burnett's, and were named by him.

It must not be imagined that the nosodes of cancer are specifics for the cure of any and every case. There are more ways than one of curing cancer, but there is no one way which is suitable for all cases. Of all the remedies for cancer, in my experience, the nosodes form the most important class, and the use of them ought to be more familiar than it is to homœopaths themselves.

## CHAPTER II

### CASES OF TUMOUR CURED BY MEDICINES

THE two cases I will now narrate were both of non-malignant tumours in patients of cancerous heredity. Both were cured by the aid of cancer nosodes, and thus, in a way, support the contention that there is a close relationship between the cancers and non-malignant growths.

#### CASE I.—*Fatty Tumour.*

Mrs G., 45, had been under my treatment for some months for constipation, which had greatly

improved under *Nux* and *Thuja*, when she showed me a large fatty tumour on her left side, under the skin covering the lower five ribs. This was on July 3rd, 1906. Mrs G., though delicate as a child, was now strong, and led a very active life. The chief point in her family history was that her mother had died of cancer of the breast. She also had a weak heart. In my patient, who had had five children, the breasts and nipples were normal.

Considering the family history, although there could be no doubt of the innocent nature of the tumour, I ordered *Carcinos.* 100, once in ten days.

*July 24th.*—Tumour smaller.

*Repeat.*

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*August 16th.* — Tumour much smaller.

*Repeat.*

*Oct. 24th.* — Tumour still decreasing.

*Repeat.*

The improvement steadily went on until, by April in the following year, the lump was so insignificant that the patient refused to take any more trouble about it.

### CASE II.—*Cyst.*

A younger brother of Mrs G., a city gentleman, Mr T., aged 34, consulted me on May 18th, 1906, about some cardiac symptoms. He also showed me a cystic tumour on the right flank, which he had had for five or six years. He had

been twice vaccinated, the second time when at school. I prescribed at first *Thuja* 30, and on June 15th the cyst showed signs of activity.

R *Scirrh.* 100, once in ten days.

*June 18th.* — Cyst suppurating well.

*June 22nd.* — Cyst broke last night.

*June 29th.* — Cyst completely emptied — discharging by little wound.

*July 6th.* — Healed—only a tiny scar left.

The next case is one of breast tumour, which was cured in a comparatively short time by a sequence of remedies.

CASE III.—*Tumour of Breast.*

In May 1894 I received a letter from a lady, whom I had not seen before, in these terms—"I should be obliged if you would kindly let me know what days and hours you receive patients at your own house, as I am anxious to consult you about a lump I have in the breast." My correspondent stated that she wished very much to avoid an operation if possible, but would abide by my decision on that matter.

On May 7th, Miss D. called upon me. She was approaching the menopause. For a year she had had pain in the left breast, and for some time had noticed a lump in it.



I found a lump the size of a French bean in the inner side of the nipple. There was a gland in the left axilla. The pain she experienced was in the interior of the breast. In the first instance the pain was in the left axilla. The nature of the tumour was probably cystic.

The patient had never been very strong. She had been operated on eight years before for piles, and again three years after that. The patient's mother was delicate, and had died when the patient was born. Her father was healthy, except for gout, and was living, aged 76, at the time I refer to. The patient had been vaccinated two or three times. She had a good appetite. The bowels were

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confined and the motions light. She slept fairly, but was a long time in going off to sleep. She was a chilly subject—always chilly.

As I was not to see the patient again for several weeks, I gave her a course of remedies—each of the following, thrice daily for a week, in the order numbered—(1) *Conium* 30, (2) *Phytolacca* 30, (3) *Lycopodium* 30, (4) *Silica* 30.

*June 20th.*—She reported herself feeling very much better and stronger. Bowels acting better, and the motions were a better colour. The lump was still felt, but was more movable. The pain had gone, and the gland in the axilla was barely noticeable. There

was a great constitutional change for the better.

A new course was now prescribed in the same way as last time—(1) *Conium* 30, (2) *Silica* 30, (3) *Thuja* 30, (4) *Phytolacca* 30.

*July 19th.* — Lump in breast smaller, can hardly be felt. Gland in axilla can be found only with difficulty. Otherwise very well. “She never had medicine which did her so much good as these powders.”

*Repeat.*

That was the last I heard of this patient till the autumn of 1907—*i.e.*, thirteen years later—when she wrote me about a friend. The postscript of this letter is the important part:—“Perhaps you

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will remember my name. I came to you about a lump which entirely disappeared after your treatment."

My next case is another example of tumour of the breast.

#### CASE IV.—*Pedunculated Wart of Nipple.*

On February 12th, 1899, Mrs B., in the eighth month of her first pregnancy consulted me about a tumour in her left breast. Before the pregnancy she had a small wart on the outer side of the left nipple. During pregnancy it developed very largely, and, when I saw it, was a large pedunculated mushroom wart, which at times swelled up like a bladder and collapsed again.

This was rather an uncomfortable state of things, in view of the coming confinement and nursing possibilities, and I was not very certain that it could be cured in time. I prescribed *Thuja* 30, every four hours, and a paint of *Thuja*  $\theta$ .

On March 2nd, the tumour dropped off and the cure was complete. The painting caused much pain, and some days she dared not paint it at all.

The confinement took place on March 29th, and the patient had no trouble at all with her breasts.

I will now give two more cases treated and cured with *Thuja*.

CASE V.—*Tumour of Right  
Breast in Male.*

In 1889 I was consulted by Mr A., 38, about a lump, or rather two lumps, in the right breast, which was like that of a girl approaching puberty, the left breast being quite flat and normal. There was a hard, not sharply defined lump to the right of the nipple, and a smaller one to the left of it, but freely movable, the larger somewhat tender and irritated by the pressure of the brace. The tumours had existed eighteen months, and came on at a time of much anxiety when his wife died of consumption. His paternal grandmother and two aunts had died of

cancer. He had been twice vaccinated, but on the second occasion the arm did not "rise." As a small boy his hands were covered with warts. At eight he had shingles. On August 15th, *Thuja* 10 m. F. C. was given.

*October 21st.*—If anything, tumours a little less.

*Thuja* 10 m. continued at intervals.

*February 4th, 1890.*—Tumours can only be felt with difficulty. No pain. The medicine was repeated, and when next seen some time later the patient was absolutely well.

CASE VI.—*Tumours of both  
Breasts.*

A very much vaccinated lady

developed at the climacteric indurations in both breasts, especially the right. Menses were accompanied by severe neuralgic pains. *Thuja* was given in 1 m., 10 m., and cm. F. C. potencies. The last set up attacks of angina pectoris of such intensity that I did not repeat it. The indurations disappeared, but in the course of the cure an eruption, closely resembling small-pox, developed over her breasts on more than one occasion.

CASE VII.—*Cancer (?) of the  
Womb simulating Sciatica.*

In August of 1888 I was written to by a lady in the country, asking for something for her “Sciatica,” and I sent her down a supply of



*Colocynth.* Shortly afterwards I had a letter asking for more of the medicine, as her pain had been much helped by it.

From this time I did not hear of her again till the following December, when I was surprised to learn that she was suffering from "cancer of the womb in an advanced stage." For the diagnosis I am not responsible, as I did not see the patient then, and months after, when I did see her, I made no examination. But I have little reason to doubt its accuracy. The diagnosis was made by a member of the old school, who was one of the ablest practitioners in his county. Besides, the symptoms corresponded. She was informed by

this gentleman that she would probably not live more than four months.

When I heard this distressing news I thought she might yet be not beyond the reach of help, so I wrote and asked her to tell me as accurately as she could all that she *felt and experienced* — all her *symptoms*, in fact. And here it will be seen is a great vantage ground of homœopathy. The diagnosis of the old school physician gave me nothing to work upon; but the patient, without my seeing her, could give me the key to the situation. The patient, I may say, was a lady of seventy-three, stout, short in stature, pale, and of very soft fibre. The

following is what she told me of herself :—

Three or four months before, after a more than ordinary spell of “rheumatic” pain, she noticed pale red stains on her linen. She did not think much of this at first ; but the pain and the discharge increased, and then, fearing it might be something serious, she took advice — with the result of the diagnosis above mentioned.

The pain she described as a “dull, heavy, depressing, dead pain, commencing at the inner part of the *top of the right hip and extending to the knee.*” At times it was so bad that it made her feel quite sick and faint. The discharge increased, became dark, and had a

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smell of decaying tissues. The last circumstance was reported to me by her sister. Great weakness and trembling accompanied the discharge; the urine was at times almost like blood, and had a sandy sediment.

The pain from the hip to the knee on the right side was the leading characteristic of this case. The description does not accurately correspond to the course of the sciatic nerve, and as I have not an accurate description of the "sciatica" when she first consulted me about it, I cannot be certain that this was the same pain as the one above described, but I am of opinion that it was. In any case it was near enough to justify

an unprofessional person for mistaking it for sciatica. But the sequel is the most interesting part of this lady's case. Guided solely by the symptoms she named, I fixed on *Kali carb.* as her most likely remedy, the hip to the knee pains being one of its characteristic symptoms, especially on the right side. I sent her a few powders of the medicine in a very high potency, and the result far exceeded my anticipation. Not only did the pain gradually disappear under interrupted doses of the drug, but the discharge disappeared also, and the urine became normal, so that after a few months she had practically no symptoms left, slight returns being promptly put an end

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to by a recurrence to the *Kali carb.* When I saw her in the following autumn she was quite free from her trouble, and remained so for the rest of her life. She lived over ten years after that.

This case illustrates how homœopathy, *taking symptoms for its guide*, reaches and remedies the actual condition of a patient—a very different thing from “*treating symptoms*,” as when opiates are given to quell pain.

## CHAPTER III

### SURGERY AND MEDICINES IN THE TREATMENT OF TUMOURS

**I**N the present chapter I am not so much concerned with the question of medicine *versus* surgery in the treatment of tumours, as of one with medicine *plus* surgery. There is no reason, in the nature of things, why there should be any antagonism between them. From every point of view, it is most desirable that the remedial power of medicine should be acknowledged and utilised. This is becoming recognised

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in the old school by those who are in any way in advance in thought. With homœopathists it is vastly more imperative that medicinal treatment should be utilised from first to last in cases of the kind. I hold it, in the light of our present knowledge, absolutely inexcusable on the part of the homœopathic surgeon to neglect medicinal treatment from the time he first sees a case—that is, before operation; and it is, if possible, even more inexcusable if he turns a patient adrift after operating, just to await events. I do not deny that an operation may give a favourable impetus to an organism and so “shock” it, as it were, into absorbing a tumour; but this cannot be relied on in any



way. And as the homœopathist has in his hands most potent means of eradicating constitutional taints and tendencies, I hold it inexcusable if these are neglected, and a patient is dismissed after operation without being told of the dangers which impend, and the measures which may be adopted to ward them off. Patients readily understand, when the situation is explained to them, and gladly submit to a prolonged period of treatment. Two years is an average time given by a surgeon as the expectancy of life in a patient when once cancer is declared, and a patient will not think it too much to ask that a period of two years should be

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given to a course of constitutional treatment, in order to eradicate the taint.

This length of time may not be needed, and probably will not be needed, if the growth has not been interfered with by surgery. In that case the disappearance of the growth under medicines may be taken as satisfactory evidence that the tendency has been got rid of, and in that event the treatment need not be so prolonged. But in any case time must be allowed, and there are few patients who will not be willing to grant it when matters are explained to them. On the surgeon's part it should be a *sine quâ non* of accepting the responsibility of the

case that these conditions are granted.

The case I am now about to relate is one of intestinal tumour in a young lady, who was operated on by one of the surgeons of Charing Cross Hospital.

CASE VIII.—*Intestinal Cancer.*

Miss X., 22, came to me April 19th, 1906, with the history that she had been operated on for cancer a short time previously. For twelve months before that she had been out of health, suffering from backache, headache, and "indigestion."

She was of rather small make; of dark, naturally florid cheeks, but

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now pale. She complained that she felt very weak, and that her legs would hardly move. The headaches were frontal and occipital. Tongue clean; appetite good; bowels always constipated, has to take pills to get them to act; periods scanty; sleep good. The feet were rather cold. Pulse 120.

I found a large vertical scar about two inches to the right side of the umbilicus traversing the site of a tumour which extended on each side of it, about the size of an orange. After the incision had been made, the tumour was found to be of a malignant nature and so involved that it could not be interfered with, and there was

nothing to be done except to close the wound.

Since the operation she had been having treatment with X-rays, but the visit to the electrician had proved so exhausting that this was not persisted in.

The family history was good. The patient had had the usual ailments of childhood, and had been twice vaccinated, the last time three years before I saw her.

I was asked if I thought there was any chance of her recovery. I said there was a very decided chance, and took the case in hand. At first I ordered a single dose of *Ornithogalum umbel.*  $\phi$ , and told the patient that she was not to take any other medicine for three

weeks, and at the end of that time she was to come and see me.

*May 10th.*—Much better. Tumour smaller. Bowels *have acted much better*; for the past ten days she did not have to take any aperient, though she had been quite dependent on them before.

The improved action of the bowels after a single dose of a remedy given in this way is a very good sign that curative and eliminative action has been set up.

A second dose of the same remedy was now given.

*May 31st.*—Feeling better and much stronger. Appetite much better than it has ever been—has never enjoyed breakfast as she does now. Has gained one pound

in weight in a week. Bowels fairly well. Tumour about the same.

Has had a bad cold for a week. Throat a little red. She keeps coming over terribly giddy. Has had pain all over the abdomen.

*Repeat.*

*June 21st.*—Has had an attack of influenza—with aching all over, terrible headache, and nasal catarrh. Has had sharp, sudden pains in the region of apex of heart. Pulse 120. Tumour smaller; pressure over it makes her feel sick. The dullness on percussion is now all to the outer side of the scar. Bowels act daily. Has pains in rectum after stool.

R *Thuja* 30, once in ten days.

*July 14th.*—Got over the influ-

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enza. No more heart pains. Pulse 96. Tumour smaller, and not very tender. Bowels act well; sometimes with much pain. Period is on, and rather late. Aching in limbs; bad on walking.

R *Ornith.*  $\phi$ , one dose.

*August 2nd.* — Better. Lump smaller; no tenderness. Had rather bad headaches in forehead and eyes. Giddy after lying down. Bowels acting well.

R *Carcinos.* 100, once in ten days.

*August 16th.* — Better. No giddiness. Headache better.

R *Ornith.*  $\phi$ , one dose; to be followed by *Carcinos.* 100, once in ten days.

*September 27th.* — Very much



better. Has been at Margate, where the bowels became confined. They still remain so. No giddiness.

R *Ornith. φ*, once in fourteen days.

*October 24th.*—Has had a good deal of headache the last week in right eye and right side of head, then it passes to the other side. Comes on after rising. Is only giddy when the headache is on. Has had a cold for a week. Bowels rather constipated during the week. The tumour is very indistinct. Feels a little discomfort in it. Has gnawing pain in the loins. Quickly tires when walking ; it causes an aching in the right iliac region.

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Rx *Thuja* 30, once in ten days.

*November 20th.*—Better, but constipation is troublesome. No distinct tumour felt.

Rx *Ornith.*  $\phi$ , one dose.

*December 13th.*—Still constipated. Not so tired as she was.

Rx *Lyc.* 100, once in ten days.

*January 8th, 1907.*—Has been over-fatigued, having had to nurse a sister who was ill. Much backache. Bowels confined. Hardly anything to be felt of the tumour, but there is a little tenderness on deep pressure.

Rx *Variol.* 100, once in ten days.

*February 3rd.*—Feeling very well except for a cold. Is a good deal stronger, and can walk better. On

the night of February 1st felt as if something was pushing through the abdominal wall. On examining the scar I found a good deal of tenderness about it, and in the centre a lump about the size of a walnut.

Rx *Thuja*  $\phi$ , gtt. ij, single dose.

*February 26th.*—Better on whole. Had burning and stabbing pains off and on ; but none of the pushing-through sensation.

Rx *Ornith.*  $\phi$ , once in ten days.

*March 21st.*—Very well. Had no pain. Lump smaller.

Rx *Ornith.*  $\phi$ , once a week.

I was now asked a question of some importance. Before she was taken ill the patient had been engaged to be married. The ill-

ness and the operation and the disclosure which the operation had made, had, of course, to all appearance put an end to the question of marrying. But the steady recovery under treatment had revived old hopes, and I was asked if I thought it would be right or wise to consider the possibility once more. I decided this in the affirmative, and I was then asked if I thought it would be possible for them to fix a date, the following June being the time that would be most convenient. This I again decided in the affirmative, and in June the marriage took place. On the honeymoon trip the lady did a fifteen miles' walk on one occasion, which tired her a little, but it

showed, at any rate, a pretty complete recovery of physical powers. She now resides in the Midlands, but I frequently hear of her, and she reports herself in person when she comes to town.

This case is one of very considerable importance. It shows what medicine can do when surgery has had to confess its impotence, in the face of disease. It strikingly confirms the late Dr Cooper's observations as to the power of the single dose and of the great power of *Ornithogalum* as a remedy in cases of cancer of the intestinal tract. For it was *Ornithogalum* that turned the scale at the critical moment.

This patient never really looked

back after the first dose of *Ornithogalum*, and this in spite of a severe attack of influenza—that terrible marplot of so many promising cases of cancer-cure. All who have had many of these cases to treat must have experienced this. An organism which has reacted bravely under medicinal aid, and raised great hopes of cure in both doctor and patient, becomes badly poisoned by influenza. The vitality is lowered, the balance is broken. Cancer *plus* influenza is a double enemy which the already taxed organism can no longer successfully resist. In this case, happily, there was vitality enough to work on to meet both.

I am not prepared to suggest

what may have been the origin of the malignant disease in this case, but it will be remembered that there was a period of ill-health dating from twelve months before the appearance of the tumour. This was carcinosis in the pre-tumour stage. I do not suggest that the carcinoma was in this instance another form of vaccinosis, but the vaccinal element was present. That was why, when there was evidence that the forward march was showing signs of arrest, I interpolated a course of *Thuja*. The *Thuja* antidoted the vaccinal element, and allowed the more deeply curative remedy to get to work again. On another occasion I gave *Variolinum*. The special

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indication for that was the intense backache, but the vaccinal element in the case was the general indication ; and again *Thuja* effectively remedied it.

The next case I have to relate I will give by way of contrast, for a particular purpose. The late Dr Cooper once took me to see a case of cancer of the stomach in a young man whom he was treating. The patient had undergone an operation but the tumour could not be removed. The patient was apparently making good progress, when he suddenly collapsed and died. Dr Cooper told me that he then learned for the first time that a short-circuiting operation had been



performed, and he then gave it as his opinion that any interference with the lumen of the intestinal tract, though it might give relief and even prolong life for a time, was fatal to permanent cure. The subjoined case is an eloquent commentary on this axiom.

CASE IX.—*Sarcoma of Small Intestine.*

Lieutenant H., aged 27, of the Indian Army, was invalided home early in 1907 for what was supposed to be appendicitis.

He had been perfectly well up to November 1906. He had a splendid family history. Had been vaccinated twice, the last

time in 1903, when it "took." He was inoculated for typhoid in 1900. On April 21, 1907, he was operated on by Mr Watson Cheyne, who found a sarcomatous tumour which could not be removed. Mr Cheyne performed enterostomy, making a new passage for the fæces, and thereby relieving the condition which most seriously threatened the patient's life.

The physician who attended the case with Mr Cheyne kindly gave me the following details on October 2, 1907 :—

"Mr H. came from India with an abdominal tumour, for which Mr Watson Cheyne operated. The condition seems to be a sar-

coma growing from the wall of the small intestine, and with an extensive glandular infection. A short circuit was made between the small intestine and the transverse colon. This has acted quite well, and there has been but little gastro-intestinal disturbance. He has slight flatulence, and occasionally passes a small amount of blood *per rectum*.

“The tumour varies, but is considerably larger than it was at first. He has had injections of Coley’s fluid  $\pi xv$  twice a week, and this has definitely retarded the progress of the growth. He has, however, become more and more cachectic, especially during the last few weeks.”

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When I first heard of the patient he was living at Richmond, and was under the care of local medical men. As they had told the patient's father that there was no hope for him, the father called on me to ask if I thought Homœopathy could do anything. I said I thought that was very possible, but I should like to see the patient before saying anything definite. In the end he was brought to London and put under my care.

When I first saw Mr H. I received a shock—I did not expect to find things so far advanced. He was dreadfully emaciated and cachectic, as described in the letter quoted above. But I, nevertheless, took him in hand, and under

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*Ornithogalum*  $\phi$  in unit doses, and later *Natrum cacodylicum* in  $\frac{1}{4}$ -gr. doses three times a day, he held his own. Then came an attack of Indian fever, which *Ipecac.* 30 successfully dealt with. Before coming under my care he had been under the influence of Tinct. opii., and I did not cut this off altogether, but very small doses sufficed to relieve pain when present.

On October 8th it was noted that he had had much pain in the body, and a dose of *Ornith.* was given.

*October 15th.*—Has been feeling weaker daily. To-day, after a two hours' sleep, he had violent pain. Was unable to take any lunch.

Diarrhœa set in, and he passed much blood. Very depressed this week.

R *Rad. bro.* 6, globules iv, in powder; twenty-four of these, one every four hours.

*October 17th.*—Has had some bleeding at stool this morning, but not much. Pain not nearly so acute.

*Repeat.*

*October 21st.*—No more bleeding.

This patient recently passed away — over five months after I took him in hand.

He developed intolerance of the cacodylate, and at the desire of his friends and with my concurrence he was put on Violet-leaf treatment, internal and external, but a

very severe diarrhœa developed, which was with great difficulty controlled. In fact, it never was completely controlled till the end. Either with the stool or separately from it, there was a purulent discharge, and at times clots.

On January 10th there was an extreme amount of pain, and clots passed with discharge. *Rad. bro.* 6 was given in single dose. After this there was less pain and no clots. In February the diarrhœa continued uncontrolled. I followed the *Radium* with *Rhus ven.* 3<sup>x</sup> every two hours, and for the first time for many weeks the diarrhœa stopped, showing, as I thought, a complementary action on the part of *Rhus ven.* and *Radium*. The

improvement unfortunately proved only temporary, and the inevitable happened. But there is this much to be said, during the five months that he was under homœopathic treatment the pain he endured was nothing to be compared to what he had previously.

This case is of interest in connection with a note which I saw in the *Homœopathic Recorder* of June 1907, to this effect: "Dr Pixley, of Pittsfield, Massachusetts, says that *Radium* 6<sup>x</sup> trit. has a strong action on cancer, especially on bleeding cancer; it dries it up and alleviates the pain."

I think this is very likely, and the steady cure, with the same remedy, of nose-bleeding in another



patient of mine, a young lady with a cancerous family history, gives further support to this.

A question arises in regard to this case—Why did Mr H. contract cancer? I cannot trace the smallest sign of heredity in his case. As I have already remarked, I have known in several instances cancer to develop after ordinary blood-poisoning (from sewer gas, for example). Was there anything of that kind in this case? The only thing that I could discover was the anti-typhoid inoculation. I merely throw this out as a suggestion, and whether it be the fact or not, it was the chief seat of action of the typhoid poison that the disease attacked.

My next case is also one in which an operation had been performed. In this case, as in the first, the condition was one which could not be interfered with after the exploration had been made. The evidence as to position and connections of the growth is not as definite as might be wished, but the surgeon expressed a very decided opinion as to its malignancy and probably rapid termination. The history of the case is a very extraordinary one.

CASE X.—*Intestinal Tumour ;  
Cyst of Breast.*

Miss D., 55, dark, stout, of large build, consulted me, May 17th, 1904. She had been operated on

in the previous November by a well-known surgeon, Mr —, the evidence of which was a longitudinal scar over the region of the gall-bladder. The operation was practically exploratory. It was undertaken on the supposition that there were probably gall-stones, but that was found not to be the case. The surgeon found many adhesions involving the gall-bladder, and a lump on the transverse colon which he pronounced to be "undoubtedly malignant cancer," giving the patient a year and a half to live. This verdict he somewhat modified subsequently. The nurse who had charge of the case saw "a lump on the colon just below the stomach." That is all

the information I could glean about the morbid anatomy of the condition.

The patient comes of a very gouty family. She had been vaccinated three times, the last time ten years before I saw her, and it took her a long time to get over it.

At the age of 4 her troubles began with neuralgia in the left eye. It came in attacks which lasted ten days and nights. In the attacks of pain the eye twisted in its socket and the eyelid dropped. The ptosis would last six weeks and then pass away, and the eye would become straight. At 11 the attacks became more painful. At 18, Adolph Weber tried electricity,

and then put her on *Mercury* and *Iodine*, which undermined her strength. Morphia injections had to be constantly resorted to in the attacks. At the age of 28 she had a bad fall. At 35 she had violent inflammation of the liver capsule, resulting in adhesions. When she was about 40 she came under Dr Burnett's care, and Dr Burnett performed one of his miracles. He was the only one of innumerable medical men who had been able to do anything for the neuralgia. At this time she used to have "dreadful irritation" in the abdomen — internal itching coming on at 5 A.M. By means of *Thuja* and other remedies Dr Burnett threw out the irritation to the skin

and kept it out for two years. All this time she was covered with eczema, with the result that in all other ways she was immensely relieved. The neuralgia entirely left her, but the left eye had become permanently deflected outwards and was useless for accurate vision, though the ptosis had passed away. The periods had ceased at the age of 45. Up to that time from the age of 28, when she had the fall, she had had terrible internal pains after each period.

For three or four years before she came under my care she had been breaking down in health. Before the operation she had had neuralgia over the *right* brow, coming on every morning from

12.30 or 1.30 to 5 A.M. For this she was put on a feeding-up dietary ; and then she had another attack of neuralgia in the *left* eye—the first for fourteen years. Since the operation, she has had violent neuralgia in the right eye.

Three times in her life she has had inflammation of the bladder. For years she had insomnia, for which she had to take hypnotics of various kinds. The worst time of this was eight years before I saw her. Now, when the neuralgia was worse, the insomnia was generally better. At times has eczema on nose and face. Has flushes of heat at 11 A.M.

I found the abdomen large and flabby, and very fat. The spleen

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was large, and there were a few enlarged glands in the inguinal region. In the region of the gall-bladder a lump was at times clearly discernible, but the amount of fat made any deep manipulation difficult.

My first prescription was *Thuja* 30, once in about ten days.

In the first fortnight after that there was an improvement in the neuralgia. After that she was better. Under *Lueticum* 200 a scabby eruption appeared about the ears, and there was oozing from them. *Aurum sulph.* 3, eight grains at bedtime, improved the general health and strength greatly, but the neuralgia and insomnia continued.



*October 14th, 1904.*—A little lump noticed in lower region of right breast. It appeared to be a sebaceous cyst. Patient is getting fatter.

R *Carcin.* 100, once in ten days at bedtime. *Sang. canad.* 30, at bedtime on the intermediate nights.

*November 11th, 1905.*—Neuralgia over right eye is better. Has had sensation of a bolt through from occiput to forehead. Insomnia not quite as bad. Very constipated. Severe right side sciatica. *Nux* 3 in the morning and *Sulph.* 30 at bedtime were now prescribed. Then followed *Urtica ur.*  $\phi$  in morning, and *Luet.* CC at bedtime; and then in sequence, *Medorrh.* 200, *Sulph.* 30, *Iodine* 30, and *Thuja* 30.

*January 10th, 1906.*—Cyst of left breast has suppurated and discharged.

It healed up and disappeared completely soon afterwards.

On April 26th I put her on *Carcinosinum*, but she complained so bitterly of its effects that I had to discontinue it. "Each powder seemed to thoroughly upset me, causing such flatulence that I had to go to the closet every hour and a half as if I could not wait a moment, with no result but flatulence."

At the end of 1906 ominous symptoms appeared in the region of the operation—that is, about three years after the operation had been performed.

On October 2nd had sharp pains in right iliac region after over-exertion. On December 18th she was complaining of liver symptoms, nausea, constipation, with scanty, hard stools. Much pain in sacrum. Felt ill all over. I found in the right hypochondrium, and on the right side of the scar, a lump in the region of the gall-bladder.

R *Ornith.*  $\phi$ , once in fifteen days.

*January 16th, 1906.*—Has lost the nausea; that is the only change.

R *Cholest.* 5<sup>x</sup>, gr. viii, night and morning.

At this period things were in a somewhat critical condition, as the following letter from her sister will

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show, but the *Cholest.* stopped the downward course.

*January 25th, 1906.*—"I have just returned from a few hours' visit to Miss D—— at ——. I know you will be glad to hear your last medicine for night and morning has decidedly touched her, and relieved her of the liver pain. She keeps her bed till 7 P.M., when she comes down till 10. *But* her face for the last four hours of the day is truly terrible to look at—emaciated, streaked black and white, with dried-up looking lustreless eyes. Neuralgia off and on in short bouts at any time. She seems to be sleeping a little better, and *in* bed she really looks comparatively well. Digestion is

better on the whole, and no sickness. I would give anything for one ray of hope that life may be prolonged a bit yet. She is confident herself of disease, but it distresses her *little*."

*February 12th, 1907.* — The patient's own report on this date is a fine example of the action of *Cholest.*, and deserves recording pretty fully :—"Certainly better *inside*. Have lost the weight in right side when standing, but not entirely the pain. Backache since last fortnight nearly gone, sometimes entirely. All nausea after eating ceased. Feel better generally in self. The skin has lost its yellow and brown tint. Stools a good colour, but very small and ribbon-

like. Insomnia and neuralgia worse than ever!" This last note explains what the patient meant by saying she was better "*inside*"—the external sufferings were not improved.

I examined the rectum, but could find nothing there to account for the ribbon-like character of the motions or the sacral pain. Later she developed pain in the right kidney region, and *Berberis* 200 was of service. In June 1907 all traces of the tumour had disappeared, and now the patient is going about her usual avocations, though still troubled with neuralgia and bad sleep. Whatever may have been the nature of the trouble originally, this patient is now free

from malignant disease, and the danger prophesied by the surgeon is at an end.

The next case I have to relate shows a strong vaccinal element in the etiology. In vaccination a living germ is thrown into the blood-current and infects the whole system. This is a serious thing at any time, but it becomes much more serious when it is done at a time when the organism is in a condition of impaired resistance, as it is in a woman during the monthly period. Whatever may be thought of the possible advantages to be derived from vaccination, I hold it inexcusable to vaccinate at that time. A strong

gouty element was another leading factor in this case.

CASE XI.—*Tumour of Breast; Tumour of Intestine, etc.; Vaccinal Influence.*

This patient was a lady of 35, of very gouty family history, subject to frequent attacks of neuralgia and at times to herpetiform eruptions. She was the mother of seven children, the last being four months old when she came to see me.

The point of chief importance in the recent history of the case has reference to vaccination. The patient had been several times vaccinated, and on the two last



occasions it did not "take." But that does not mean that it did not affect her. The last time of all it was done on the leg, just below the knee, *whilst the monthly period was on*—towards the end. This was the last period before conception took place. The vaccination apparently, as I have said, did not "take"—there was no soreness—but (a thing which she hardly ever experienced) a heavy cold in the head developed, with copious, thick, stringy mucus. She felt very seedy, and the cold was so noticeable and unusual as to excite the remarks of her friends.

After the boy was born it was noticed that the left breast was larger than the right, though it

had been the smaller of the two before. But though larger than the right, it had little milk in it. Later on—in January—the nurse noticed the lump.

I found the nipples of both breasts normal. In the left breast, on the inner and upper aspect, was a tumour the size of a filbert. In view of the vaccinal history I prescribed *Thuja* 30, once in about ten days.

A month later I heard that the patient was very much better. The appetite was very good—"too good, in fact"—and the patient was less constipated than she had been.

I repeated the remedy, and did not hear again till three months later.

I then put her on *Carcinos.* 100, and under this there was some diminution in the size of the tumour ; though she suffered much from neuralgia, and felt the cold very much. I now alternated the *Carcinosum* 100 with *Tuberculin of Koch* 100. Two months later I had an opportunity of seeing the patient (who lived in the West of England), and she then told me that the medicines took all the pain out of the breast. I found the breast flat and wasted, and the lump prominent and more visible, but not appreciably altered in size. *Cundurango* 1 was now prescribed, and I did not see the patient again for over a year thereafter. Within that time disease of the large in-

testine had developed, and after a fruitless attempt to perform left inguinal colotomy, the ascending colon was opened, and in that way the patient was relieved.

The patient again came to town, and I was asked to see her. She had been much weaker, and her attendants held out no hope of recovery.

I found the breast tumour larger, a scar on the right iliac region, and an opening in the left side of the abdomen. A hard lump was felt in the left hypochondrium, and there were indurated glands in both groins, but none on the axillæ.

Under *Thuja* the patient again rallied in a remarkable way. She returned home, as she wished to

receive her children on their return from school. She was equal to all her duties, and even put on four pounds in weight. But she overdid her strength. She had been asked to distribute prizes at a village school, and walked the distance—over a mile from her house—there and back. From this indiscretion she never really recovered, although she made several surprising rallies. She was subject to attacks of violent pain in the left side, in the region of the spleen (which was enlarged), and for this *Ceanothus* 3<sup>x</sup> gave instant relief. Later *Nat. mur.* 30 gave conspicuous help, but the disease gained ground; tympanitis and dropsy set in, for which tapping gave relief, and also

an attempt was made by a London surgeon to give greater relief by removal of some of the growth, but this did not delay the end.

In my view the vaccination was the determining factor in this case, which also illustrates Dr Cooper's axiom about interference with the lumen of the intestinal tract militating against possible cure. Again and again the remedies controlled the violence of the disease, though only temporarily. Before the indiscretion of the over-fatigue I had hopes of the patient's recovery. That she was able to do the walk at all was clear evidence of how much ground had been gained, and as I never imagined that she would

attempt any such thing, I did not think of warning her against it. In critical cases of this kind one cannot be too definite in one's instructions. Recovery hangs on a thread anyway, and the least over-strain may make all the difference.

## CHAPTER IV

### MEDICINE AND SURGERY IN TUMOURS OF THE BREAST

**I**N my last chapter I have given instances of malignant disease involving the intestinal tract, in all of which surgical interference had taken place. In the two cases in which the lumen of the intestinal tract had not been interfered with, remedies were able to effect a cure. In the two instances in which the canal had been divided, although the treatment in each case afforded marked relief, a fatal result nevertheless followed.



I will now relate two cases of cancer of the breast, in both of which the breast had been removed before I saw the patient. In both of them there was recurrence of the disease—on the same side in one case, on the opposite side in the other — and in both the remedies were able to successfully meet the situation.

There is a good deal of parallelism between the two cases. Both patients were near the climacteric period. Both were subjects of neuralgia and indigestion, and one had inveterate constipation. Both had histories of phthisis in the family, with, in one case, a doubtful history of cancer. Both had trouble in the upper extremity of

the side operated upon during the treatment, and both had recurrence of old symptoms.

I will now give the cases. In the first of them there was a curious symptom—*coldness of the right side of the body*. I regarded this as indicating lowered vitality of the operated side. Many remedies have the symptom “coldness of one part of the body,” and among them *Thuja*, though *Thuja's* coldness is most characteristically *left-sided*. But in this instance *Thuja* relieved this symptom in a striking way, so that right-sided coldness must be added to *Thuja's* symptomatology.

CASE XII. — *Cancer of Right Breast, Three Operations; Recurrence.*

Mrs T——, 41, tall, spare, blue eyes, rather swarthy complexion, consulted me December 21st, 1906. She had one boy, aged 10; the birth had been a difficult one, with breech presentation. Two and a half years before I saw her, a lump the size of a pea had appeared in the right breast. It grew, and her local medical man, an allopath, pronounced it to be a simple cyst, and removed it in January 1906. Soon after another lump appeared, and the patient was again assured that it was quite an innocent growth, and the same practitioner performed

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a second operation in March of the same year. In the middle of July a third growth appeared, red and blue, and looking as if going to burst. This time her medical adviser said nothing would induce him to operate again, and she must see a specialist. He took her to Mr D——, who pronounced it to be a cyst “with cancerous growth.” He advised that she should come into a nursing home and have the entire breast removed. This was done in July 1906. Shortly before she came to me another nodule appeared, and she was again asked to see the same specialist and get him to remove it. This time she thought she would choose her own specialist, and by a friend’s advice

she came to me. She had had enough of operations, and if she could not be cured without, she preferred to take her chance as she was.

I found a branched scar covering the area of the right breast, with one limb of it running into the axilla. The new nodule was near the end of this limb, but below it and not attached to it. The left breast was rather lumpy, the nipple was flat, and there was a gland in the axilla.

The patient used to have indigestion for years before the lump appeared, and when the lump came the indigestion got better. The indigestion consisted of pains about the splenic region, which

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were relieved by bringing up much wind. She had had good health all her life. Had had influenza twice several years ago. Her father was living, aged 89. Her mother came of a phthisical family, and died from an illness which was supposed to be cancer of the bowels. Brothers and sisters were healthy.

She had been twice vaccinated, the last time just five years before. It "took," and she had a very bad arm—the left. Her spirits used to be good before this trouble came. Is subject to neuralgia in vertex and occiput for seven or eight years; it is better from wrapping up the head and worse from any jar. She has had a wart on her tongue,

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which disappeared after being touched with caustic. Since the first operation she wakes at 5 A.M. with pains in right shoulder and neck. *Always cold on the right side of the body.* Catamenia regular; very much leucorrhœa at times. Tongue clean. Appetite very good. Pulse 96. Used to be fond of salt. Not to eat much, and to avoid pork and milk.

R *Thuja* 30, about once in ten days.

*January 14th, 1907.*—*Not so cold on the right side.* Has felt very well. Lost the pain in the right shoulder. Nodule about the same; tender to touch.

R *Scirr.* 100, in the same way.  
*February 8th.*—Has had a cold

in head and chest during the last week. Pretty well otherwise. Much headache in forehead and occiput last few days. Nodule about the same; no pain in it. Small gland felt in right axilla.

R *Silica* 100, once a week.

*March 8th.*—Cough has gone. Has had pain in right arm. This appears to be in musculo-spiral nerve. Nodule grows rather smaller. Left breast rather lumpy. Expanding pain in bones of shoulder. Tongue rather skinny looking.

*Repeat.*

*April 19th.*—The pain in the arm gets worse. It got better in the warmer weather. In the cold weather it began to swell. At the



back of the tongue is a little red patch. Head has been better. Nodule smaller and loose. Left breast very lumpy.

R *Carcinos*. 100, once in ten days.

*May 21st.*—Swelling of arm gone down. No pain. Has felt very well. Nodule smaller. Has had another wart on the tongue. It lasted three weeks and then disappeared. She feels as if she had a bit of skin at back of throat. I found the tonsils somewhat congested and whitish.

*Repeat.*

*July 12th.*—Has been feeling well. Swelling gone from right arm, but right index finger is still swollen and painful. Nodule same.

R *Nat. cacodyl.* gr.  $\frac{1}{4}$ , one tablet three times a day immediately after meals.

*August 16th.*—Feeling very well. Swelling on finger nearly all gone. Growth I think is smaller.

*Repeat.*

*September 30th.* — No pains. Always feels tired. Perspires easily. Swelling quite gone from finger.

*Repeat.*

*November 15th.*—Feeling better in herself. Three weeks ago a red spot formed near the original nodule. More sensitive under right arm. I was somewhat disconcerted to find that a second nodule had appeared in position nearer the middle line than the first.

I now ordered *Phytolacca* 3<sup>x</sup>, five drops three times a day; with *Scirrhin.* 100, once in ten days, at bedtime. I also ordered that an ointment of *Scrophularia nodosa* should be rubbed into the axilla night and morning. This is a measure often adopted with advantage by the late Dr Cooper, and frequently confirmed by his son.

There was no further change in the treatment from that date up to the completion of the cure.

*December 13th, 1907.*—Lump smaller, no pain in it. No rheumatism in arm. *No chilliness of right side this winter.*

*Repeat.*

*January 18th, 1908.*—Lump seems

smaller. Herpes on lips. Tongue rather skinny.

*Repeat.*

*March 2nd.*—Lump nearly gone. *The indigestion pain of the left side has come back.*

*Repeat.*

*March 23rd.*—Has missed a period. Did so once before, three years ago.

*Repeat.*

*May 25th.*—Has been very much better. All that remains of the lump is a little pimple with matter in it. When the patient called two months later the lump had absolutely disappeared, and the patient was cured of her diathesis. There is an amazing improvement in her general health and appearance.

CASE XIII.—*Cancer of Right Breast ; Removal ; Recurrence in Left Breast.*

The next case I have to relate also exemplifies the action of cancer nosodes and other homœopathic remedies in the post-operation stage of cancer. The patient, who came to me in September 1901, had had her right breast removed on July of the previous year. I will give the details of the case presently, but I may point out beforehand that it exemplifies a number of the cardinal notes of the cancer diathesis. It will also be seen how closely these correspond with some

of the leading features of Hahnemann's Psora. Especially there was the sinking sensation from 10 to 11 A.M.; obstinate constipation; soreness of the commissures of the mouth; nervousness; neuralgias; and rheumatic symptoms.

It will be seen, too, how the antipsorics work in with the cancer nosodes, and are complementary to and compatible with them.

Especially I would call attention to the complementary relation of *Nat. mur.* to the cancer nosodes, and to the nosodes generally.

I will now give the details of the case; and though the treatment was very prolonged, I think my

medical readers will prefer to have each step noted, rather than a condensed report.

Mrs B., 49, consulted me on September 11th, 1901. Two years before, her breast had been hurt by a dog jumping at her.

Nearly a year later (May 21st, 1902) I heard a further piece of possible etiology in the case, which had better be mentioned here. A week before that date the patient's right thumb had become very painful. On inquiring into the history of this I learned that the patient had had a gathered thumb two years before the breast became bad. It began soon after the death of one of her sons, who died of phthisis, aged 18. The thumb was

lanced, and much "nasty stuff" came away. But the thumb remained very painful up to the time of the removal of the breast. From that time it was free from pain till the date mentioned. I refer to this as a possible "blood-poisoning" factor in the causation of cancer in this case. The blood-poisoning may have acted as the determining factor. This occurred in the autumn of 1898. At Christmas 1899 the patient first noticed anything wrong with the breast. In July 1900 it was removed. For two years before the tumour was discovered, the patient had been out of health; very nervous; went cold and faint, then hot; inclined to be giddy. These symptoms



were more marked a few months before the tumour was found.

The patient, who was of medium size, dark, rather florid, was subject to occipital headaches, but had been freer from them since the operation; she was also subject to neuralgia in the face, which kept her awake at nights. The commissures of the mouth were sore. This was the case before the operation, and had recurred recently. Appetite bad. Intolerance of eggs. When younger, used to have indigestion. No appetite for breakfast. Aversion to beef and mutton. Dislikes salt; is fond of ham and vinegar. She had sinking at the epigastrium from 10 to 11 A.M., and after tea. Had much flatus.

Abdominal organs normal. She was constipated, and always had been; she was in the habit of taking liquorice powder every other night. She had had three children, now aged 19, 20, and 23. The periods had always been excessive, lasting a week, and recurring every fourteen days. Used to have pain. No leucorrhœa. With the second confinement had flooding, and after that inflammation of the womb from a chill. She nursed her first child three months. After the second confinement she was too ill to nurse. The third child she nursed eight months. Right breast was removed in July 1900. Now she has sharp, shooting pains in left breast, and the breast is in-

durated. The left arm is painful, and glands in axilla enlarged. Sleep bad ; dreams badly, of falling in the water, of dead people. This is worse the last two or three years. Cold both relieves and aggravates. She is worse out of doors. Is nervous, depressed, fears solitude, and is better in company.

Her family history is as follows : Father living, 84. Mother died, aged 50, of troubles at the change. The sister died at 50, of phthisis. Three brothers died of the same disease, and so did her own eldest son. She had only been vaccinated once.

The occurrence of pain and induration in the left breast so discouraged her that she declined to

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have any more surgery, and put herself under my care.

I prescribed *Carcinos.* 100, three doses to go over the month. And to assist her over the difficulty of constipation, I also ordered *Ulm. fulv.*  $\phi$ , gtt. x, in a wineglass of water in the morning on rising, if required.

*October 7th, 1901.*—Breast much less painful. Breast feels more natural, and is somewhat smaller. She can lie down with more comfort, and move arm better. Spirits very much better. Has slept well all night through. Appetite much better. Less sinking. Has had a good deal of flatulence. Bowels more confined. Stools solid, dark ; but has not passed blood in stools (which used to be the case) since

a few days after beginning the powders.

On waking, has headaches across the forehead. Some neuralgia in face.

Repeat *Carcin.* & *Ulm. fulv.* gtt. xv, in hot-water in the morning on rising.

*November 4th, 1901.*—Has had a cold, which seems to have aggravated the condition. Has had very bad headache in the morning, which gets better on going to bed. Pain in occiput. Pains in breast have been severe, shooting inwardly, as if a knife thrust in suddenly. Breast tender, especially the outer side, where the pain is worst. Gland felt in axilla. Appetite better; sinking less; not

so faint. Bowels not so confined. Sleep good; less dreaming. Feet very cold.

R *Sulph.* 200, two doses the first week; *Calc.* 200, two doses the second week; *Lyc.* 200, two doses the third week.

*December 9th, 1901.* The head is better; bowels better, less confined—no longer requires the *Ulm. fulv.* drops. Appetite fair. Pain rather less. Breast better, very little pain in it; when pain is present it is a bruised feeling, towards the axilla. Mouth corners still sore. Is very nervous; jumps with every knock at the door. Feels the cold much; gets a cold feeling down the back.

Has now a new symptom—

crawling sensation, as if an insect were in the ear. Wakes up at night with it, and tries to get it out.

*Repeat.*

*January 20th, 1902.*—Crawling in ear better. Head better. Less jumping. Bowels confined, but not as bad as they were. Appetite not so good. Faint feeling not as bad. Much wind latterly, especially at night when she takes her clothes off. Period as usual. Has had a good deal of pain in sixth rib, *below* the breast.

Has had a bad cold. Is feeling the cold very much this year. Sleep keeps good, and the dreams are less troublesome. Mouth corners cracked.

Thinking there was probably an influenza element in the colds, I ordered *Tub. k.* 100, once a week; and also *Cepa.* 12, to take if a fresh cold was taken.

After this I did not see the patient for over four months.

*March 12th, 1902.*—She reported that she had been much freer from pain; but she had had a severe cold and cough again. Breast more natural. Left corner of mouth very sore; right also, but less. The first and second powder “turned acid in the stomach, and she had acidity through the night after them.” Bowels regular, though still a little confined. Wants food at 11 A.M. Period excessive, worse when lying down. Dream-



ing much again. Headache not quite so bad, cannot raise head from pillow in the morning. Still very nervous ; shakes and trembles.

R *Cundurango* 1, ʒss, gtt. v in a tablespoonful of water *ter die*.

*April 21st, 1902.*—The drops caused the bowels to act two or three times the first day. Sores at mouth corners better, but not well. The last fortnight, breast has not been so well ; it is more swollen, lumpy, and harder. No acidity. Tongue fairly clean. Appetite not so good. Much flatus upwards. Spleen big. Sleep not so heavy. Headache in occiput, more in daytime or on getting out of bed in the night. Has had a trickling sensation in

the heart. Temper is bad. Gets very tired. Has no flushings ; has a sensation as if the floor was rising up. Has had no period for seven weeks. Pulse 96.

R *Thuja* 30, three doses in the month.

The indications for *Thuja* were the flatulence, excessive tired feeling, and the irritability of temper. Besides, there were the general constitutional indications of the remedy.

*May 21st, 1902.* — *Thuja* got promptly to work. The period came on after the second day, and she felt much relieved. She felt better altogether, and the breast was smaller and less hard. Trickle-sensation in the heart not so

bad. Headache bad, this time at 4 A.M.

*Thuja* acted very deeply, and appeared to stir up the old trouble in the thumb, for it had been the seat of severe pain during the last week of the time. The inquiries now made led to my learning the story of the gathered thumb of three years before.

*Repeat.*

*June 20th, 1902.*—Is generally stronger. Gets through her work better than she could formerly. Can use her right arm (which had been considerably crippled since the operation) better. Can reach with it. A little pain now in left breast. *Head bad at 3 A.M.* (This does not occur if she omits to take

a powder.) Mouth still sore at both angles. Ear better; crawling gone. Eyes itch and ache. Thumb has got all right.

R *Cundurango* 30, three doses in the month.

*July 30th, 1902.*—Breast very much better. Left breast quite soft and natural. No pain. Mouth rather worse this month. Eyes better. No period for seven weeks. If she sits still she comes over faint. This causes palpitation, trembling, and perspiration. Hair gets wet. Can move arm better. Sleep good; fewer dreams. These powders don't cause headache so much. Headache at 11 A.M. The thumb keeps all right.

*Repeat.*

*September 15th, 1902.*—Has been very much better ; better than for some time. *Mouth nearly well.* Has a bruised sensation where the lump is ; on inspection there is some indentation. Except in this part, the breast is soft and natural. She feels the breast when lying down. Headache from 10 to 11 A.M. Pulse 96. Comes over in heats, but has no palpitation. Period fourteen days ago ; excessive ; no leucorrhœa.

*Repeat.*

*October 27th, 1902.*—The night after taking the first powder she had much burning in the breast. On waking, her hands were stiff. Next day did not feel well. I found

a good deal of tenderness in the left breast, lower segment. Has good deal of wind ; it is bad at 2 A.M. Strong acid like vinegar comes up into the throat. If she vomits, this is better. Bowels regular. Head has been very bad, as if something tied tightly round it. This makes her low-spirited. Has had one period, not quite as copious. The thumb has been painful again, pricking and throbbing.

R *Nat. mur.* 30, four doses in six weeks.

*December 8th,* 1903. — Much better. Scarcely any pain in breast. Head much better ; all tight feeling gone. Spirits better. No raising of acid. Much wind in the

morning. Acidity after breakfast and after supper. The breast very much better though still slightly tender, and still a lump to be felt. In the axilla I did not find any gland on this occasion, though later on a very small one could be made out. Period once in seven weeks—lasted three days. Mouth corners very much better. She feels the changes of the weather at the site of the operation where the drainage tube was.

*Repeat.*

*January 19th, 1903.*—Has been very well. Mouth is well. After beginning the last course, the wound began to smart—felt as if it would open. Soreness of ribs below left breast. A very small

gland felt in axilla. No period for seven weeks.

Her spirits are much better. Headache gives no trouble now; giddy feeling up to 11 A.M. Bowels a little confined.

*Repeat.*

*March 9th, 1903.*—Has been very well. No giddy feeling. Head all right. Wakes 2 A.M. three or four times a week, but goes to sleep again. Breast feels much better. Has no pain in it, but there is still a hardish bit in the upper segment, pressure on which causes acute pain. Appetite not as keen as it was; eating is rather a trouble. Has had a bad cold. Eyes are congested and painful, less so out of doors.



Period occurred just after last visit.

*Repeat.* Also *Euphras.* as lotion for eyes.

*April 27th, 1903.* — *Euphras.* gave great relief to the eyes. Has had two colds. Breast rather better. Has had much constipation. Stools very difficult and very dark. Does not dream now.

R *Cundurango* 30, four doses in six weeks.

*June 24th, 1903.* — Bowels very much better. Stools still very dark. Tongue clean. Appetite good. Flushes much. Had one period, slight. Breast feels natural; no bruised tenderness now. Eyes just as if grit in them; worse out of doors. The thumb has again

become troublesome; cracks have appeared on the back of it; very painful when washing.

*Repeat. Ruta.  $\phi$* , for lotion for eyes.

*August 17th, 1903.*—Has been some time without the powders. Has had more pain in the breast the last fortnight. Very much depressed, and unable to remain in the house. (I could find no difference in the breast). Appetite gone. Bowels more confined. Thumb all right. Eyes better.

*R. Carcin. 100*, four doses in six weeks.

*October 26th, 1903.*—Very much better since last seen. Bowels confined. Breast feels perfectly normal; in left axilla a very small

gland can be felt. Eyes still worrying. Some cold in head.

*Repeat*, but only take the powder on alternate nights.

Three months later :—

*January 18th, 1904.*—The last fortnight has gone off appetite. Has much wind, especially after dinner. Tongue clean. Bowels have been very well till just lately, now they are confined. Pain in occiput, especially in left side. Right thumb has been throbbing. Pulse 100. On examination I found the left breast normal. I could not make out any gland in the axilla. One spot on the outer segment has a bruised feeling. At times—rarely—there are shoots in it.

The right side on this occasion gave me much concern. I found the part below the scar swollen, and on the line of the scar a few nodules were to be felt.

Is very low spirited; wants to cry, to be alone, and sit in the dark. Has had several colds.

Rx *Nat. mur.* 30, once a week.

*February 15th, 1904.*—Has been very much better in herself. Is able to rest and enjoy her food. Bowels less constipated. Spirits better. Hands tingle as they get warm. Pain in occiput and nape of neck.

Left breast is very tender, as if bruised; the soreness is in the pectoral muscle, near the axilla. The breast does not feel lumpy,

but the nipple *feels* to the patient as if drawn in, but it is not. Right breast much better. Nodules no longer felt.

*Phytolacca* 30, once a week.

*March 14th*, 1904.—Has felt better. Appetite very much better. Pain in occiput better.

On this occasion there was a good deal of pain of a rheumatic nature about the patient. The whole right side was very painful; it seemed to draw up the right arm, which she had never been able to adduct properly since the operation, or move freely. The pain is chiefly in the hollow of the axilla, above the scar.

The left breast feels tender and bruised. There are numerous

tender points on the upper part of the left chest distant from the breast. The breast itself is not very tender, but there is one tender lobule in the upper part.

R *Carcin.* 100, at bedtime, once in ten days ; *Con.* 30, on the intervening nights.

*April 18th, 1904.*—Has been much better. Pain has gone from the occiput—it has gone to the left eye. Has tingling in fingers of right hand ; must hang the hand down. The tingling is worse when warm in bed. Has much wind on rising and at night. The right arm is weak. Has had very little pain in the left breast, which appears normal. There is one reddish spot on the scar.

*May 16th, 1904.*—Rheumatism better; no pain in occiput; some pain over left eye. Thumb painful. Gets much worried fifteen minutes to half an hour after taking the powder. Lips acid in the morning. Wind on rising. Pain in the head from 2 to 3 A.M., and it is bad on waking. Bowels confined. Gets pain in right hip on walking. Left breast feels normal. Right side seems normal; no nodules and no redness appears about the scar.

. The remedies had tried the patient a good deal, though they had done their specific work well. They had also again brought to the front the *Nat. mur.* indications.

R *Nat. mur.* 30, four doses in six weeks.

*July 18th, 1904.* — Feels very much better in herself. Eyes better. No pain in shoulder or thumb. Has still bad attacks of wind, and has to walk the room till she gets up acid, and then she can rest.

*Repeat.*

*September 26th, 1904.* — Has been very well ; but now and then pains are not so well. Eyes better. Flatulence better. Occiput better, but has pain in left side of the head ; she wakens with it, but does not have it during the day. Has horrid dreams. Pulse 100. There was a little hardness just above the left nipple, and much tender-



ness over the spot. *Internally* it feels bruised and itching. On the right side the rib below the scar gets excessively tender.

R *Carcin.* 100, four doses in six weeks; *Laches.* 30, every few days.

*December 5th, 1904.*—No worse. Only had one or two bad dreams. Pulse 108. Tongue clean. Bowels better. Breast seems all right. Scar a little red.

Has crawling in the left ear; at times with jumping, when quiet, lying down at night.

R *Platina* 30, one dose a week for six weeks.

*February 20th, 1905.* — Has had painful, cracked right thumb. Wind still bad. Bowels confined.

Crawling in ear not so bad. Face red at times. Pulse 84. Left breast a little lumpy towards axilla. Spot of scar under axilla rather red.

Rx *Carcin.* 100, one powder every tenth night; *Cundur.* 30, each intervening night for thirty-six days.

After this I did not see the patient for four months. She had spaced out the doses, taking only one or two powders in the week.

*June 26th, 1905.*—Has been very well. Crawling gone from ear, but had wind for some time. Rheumatism very much better. Tongue clean. Appetite good. Bowels confined. Left breast perfectly soft. Gland in axilla just felt.

Red spot nearly gone from scar.  
Much more use in the arm.

*Repeat.*

*October 2nd, 1905.*—Has been going on very well. No rheumatism to trouble about. Bowels not so confined; sometimes they are very bad for two or three days. Has had one or two attacks of acidity, generally 3 A.M., when she brings up acid freely. These attacks make her head bad. Left breast well.

*Repeat.*

I have since heard of this patient from others whom she has sent to me. She is herself quite well.

## CHAPTER V

### TUMOURS OF THE BREAST CURED WITHOUT OPERATION

ALTHOUGH operative interference does not necessarily militate against cure, the cure of the tumour-state and the removal of the tumour is, as a rule, much more easily brought about when no operation has been performed. I will now give a few cases in illustration.

CASE XIV.—*Tumour of Left Breast.*

On January 21st, 1904, Mrs H., aged 48, the wife of a clergyman in the country, came to me in a good deal of alarm about a lump she had found in her left breast. There was certainly some cause for anxiety, seeing that her father had died of cancer, her mother of consumption, and her sister had died after an operation for cancer. The patient herself was of a very gouty habit, suffered much from sick headaches, attacks of abdominal pain, and bleeding piles. The cervical and inguinal glands were indurated. At times she suffered from eczema, and there was a good

deal of tinea versicolor scattered about the body. The patient had dark hair and complexion, and was somewhat ruddy. The periods, which had ceased for eight months, used to be irregular, scanty; and during the periods there was pain in the breasts. This also occurred during her two pregnancies.

On examining the breast, I found a small lump the size of a hazelnut, in the upper segment on the axillary side, and near it was a second lump the size of a small pea. There were enlarged glands in both axillæ.

R *Carcinos.* 100, three doses to go over the month.

*February 17th.*—The lump is more tender; she now feels the

slightest pressure of the dress.  
General health very good.

The increased sensitiveness of the tumour showed to me that the remedy was at work. I did not therefore repeat it, but gave *Conium* 30, a dose every fourth night. The indication for *Conium* was the pain the patient used to have in the breasts at the periods, the periods themselves being scanty.

*March 19th.*—The smaller of the two lumps has nearly gone. It is like a small pea, and is quite loose. On the whole she has been very well, except when the north-east winds were strong.

*Repeat.*

*April 26th.* — Lump smaller

Has had a good deal of sickness and faint feeling.

This sick, sinking, faint feeling is a leading indication for the cancer nosodes. Burnett proved them on himself, and experienced this effect in a marked degree.

*Mamillin.* 100, three doses in the month.

*January 12th, 1905.*—I heard nothing of the patient during the intermediate months. She then came, and gave me this history: During the beginning of the time that she was taking the last remedy she felt ill altogether. When she had finished it she felt extremely well, and continued, as she described it, “extraordinarily well” all the summer. During



November and December she had been troubled with indigestion. The most careful examination of the breast could not detect the faintest trace of the tumour.

The appearance of tumours at the change of life is not at all a pleasant symptom, especially when there is a bad family history at the back of the patient. I consider that in this case the nosodes of cancer were of vital importance in saving this lady from the fate of other members of her family.

CASE XV.—*Tumour of Right Breast.*

*February 2nd, 1908.*—Mrs E. (35, married seven years; has two

children, one 5 years old and the other 7 months) consulted me about a lump in her right breast. On the back of the left shoulder is a scar, where she once had a fibrous tumour that was removed.

She had fair health as a child. Had measles, whooping-cough, and scarlatina. Vaccinated once only. Had influenza badly several times, and it affected her heart. Had a severe attack six months before her marriage. A year after her marriage her breast went wrong; a sharp pain in it wakened her in the night.

Her father is living, aged 66. He is not strong; has chronic bronchitis and a weak heart. He has had a stroke. Her mother

died of phthisis after smallpox. Her mother's family are strong. Has one sister, who is delicate.

The patient is fair, has brown eyes, and is slightly anæmic. Has neuralgia over the temples. Tongue fairly clean. Appetite fair; dislikes meat and milk. Is not a salt-eater, and does not care for tea. Has pricking pains in region of spleen at times; splenic dulness increased. Has pains in left iliac region since last child was born. Inguinal glands slightly enlarged. Is inclined to be constipated; worse when she is run down; has been worse since her confinement. The periods are regular, and not painful; before marriage they were too frequent. At the confinement much *Ergot*

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was given; and after she got about, a pessary was inserted to prevent prolapse. After the confinement the milk was suppressed by Belladonna plasters, and the breast has been knotty since.

Both nipples are fissured across horizontally. Right breast considerably enlarged. In the centre, all round the nipple area, is a hard mass. In the axilla is a very small gland. The left breast is soft, and there is no gland in the axilla.

I found the valve sounds of the heart, though not very clear, quite free from bruit. She feels a strained feeling at the heart, as if it was not going at all.

Has pain in lower back. Pains

back of right wrist. Sleep is bad ; wakes many times, and is restless.

This lady's husband is a patient of mine, but her own family are strong allopaths, and very naturally urged her to go at once to an allopathic surgeon. However, she came to me first, and I said I thought I could cure her, so she decided to postpone the visit to the surgeon.

R *Scirrhinum* 100, three doses in the month.

*February 26th, 1906.*—Lump in right breast less. Right breast still larger than left. Nipple is split and retracted. *Left breast tender and slightly lumpy.* Nipple more retracted than right, but it is drawn-in circularly, and not in-

verted. Both nipples can be drawn out. Period was all right; the breast was larger at the time. Less leucorrhœa.

- Feels her throat a trouble, cannot bear the least pressure; there is no enlargement of the thyroid gland. Has had throbbing in left iliac region. Not much headache. Bowels still constipated.

The *Scirrhinum* had evidently got to work in this case. It had caused a decrease in the tumour of the right breast, and had set up symptoms in the left. The marked indrawing of the nipples I looked upon as an aggravation; it was much more noticeable the second time I saw the patient than it was the first.

There is one remedy which has this symptom very marked in its pathogenesis, and that is *Sarsaparilla*. *Sarsaparilla* is anti-syphilitic and also anti-cancerous, belonging to the Liliaceal alliance. I ordered a repetition of the *Scirrhus*. 100, and in addition a dose of *Sarsap.* 30, on each night that the *Scirrhus*. was not taken.

*March 30th, 1906.*—Right breast much softer. Tumour nearly gone. Still a lumpiness remains, but it is loose and not compact as it was. The right nipple is no longer indrawn, but stands out well. Left breast is still tender, but no lumpiness is felt. Some throbbing in left iliac region. Appetite fair. Bowels confined; has to

take some aperient every alternate night.

I now felt assured that I had command of this case, which did not look at all a pleasant one at the start.

*Repeat. Sacchar. offic. ust. 3<sup>z</sup>, two tablets three times a day, half-an-hour before meals when required for constipation.*

*May 7th, 1906.*—Breast almost normal—only a little tenderness in outer aspect, where a small pea-like lobule is felt. Has pain in second and third ribs. Slight pain in left iliac region at times. Much headache on waking. Has been a good deal fagged lately.

*Repeat. Mag. c. 200, gtt. v in wineglass of water in the morning on rising.*



This concluded the case. Mrs E. reported herself as immensely better in all ways, and I have seen her frequently since about other members of her family. There has been no return of the tumour.

CASE XVI.—*Tumour of Right Breast.*

Mrs V., 51. Pale, rather thin, light brown eyes, consulted me, March 1906, about her general health. She had been ailing for two years; was depressed, had headaches and palpitation of the heart; faint, sinking sensation at 11 A.M., and again from 5 to 7 P.M. She had two children, the youngest being 23. The periods were still re-

gular, returning every three weeks, and gave no trouble, except for a sick feeling, which was new. Leucorrhœa after the period. There was aversion to fat, and a craving for salt. Her father had died at the age of 49, of tumour of the liver. She had been twice vaccinated, the last time four or five years before I saw her.

I noticed, when I saw her first, a small lump just below the right nipple, but as she had not felt it herself I did not call her attention to it, as I did not wish to alarm her, and thought I might possibly cure it before she found it out. On the right shoulder, towards the joint, was a small cheloid-

like lump, which she had had for ten years.

Under *Thuja* 30 she improved enormously in general health, and the tumour of the breast made no advance; but one day in the following July she overdid herself with gardening; she got overheated, and the wind blew on the right side, and she felt a chill. She then discovered the lump in the breast, and the discovery gave her a fright. It was then tender, and the whole breast felt lumpy.

*July 16th, 1906.*—R *Scirr.* 100, three doses to go over the month.

*August 9th.*—Has been more conscious of the lump. The side aches. She feels darts of pain in it. I found the lump not altered

in size, but tender. A gland also was felt in axilla. Period absent since June 17th. Excessive flushes.

R *Conium* 100.

*August 23rd.*—Has been better. Flushes better. Tumour smaller. Breast much softer. Has felt pain through the chest.

*Repeat.*

*September 28th.* — Still better. Tumour smaller.

*Repeat.*

*October 30th.*—Better, but still has a sensation in the tumour. There is very little of it now, but it is still tender.

*Repeat.*

*March 27th.* — Breast flatter ; much less tender.

*Repeat.*

She continued on this medicine for several months, improving all the time.

*April 25th, 1907.*—Has had a good deal of worry. An unusual exertion of the arm—drawing a cork—caused pain in the breast, but for the most part she forgets it altogether. The cheloidal tumour is gradually getting smaller.

R *Scirrhin.* 100, six doses in two months.

*June 25th.*—Sensation all gone from tumour. All that is left of it is a pea-like nodule. Has a good many flushes.

R *Conium* 100, four doses in six weeks; followed by *Scirrhin.* 100, the same period.

She continued with these remedies

unchanged till February 1908, when the tumour was found to have entirely disappeared.

CASE XVII.—*Tumour of Left Breast.*

Mrs T., 45, dark, consulted me on February 20th, 1907, about a lump which she had discovered in the left breast. She had good health generally, though never very strong; had had an attack of hæmorrhage, lasting three days, apparently from the respiratory passages, a year before. Her father had died of phthisis at the age of 39. The lump in the breast she had only just discovered. She had been vaccinated as a baby, and had

"awful marks" as a result. At 7 and 14 she had been vaccinated again, but it only took slightly. Periods had always been scanty. Had herpetic eruption in the hair some years ago, and it has returned. A number of superficial nævi—"canceroderms"—about the body. I found both breasts considerably indurated in the upper segments, and a small hard nodule on the axillary margin of the left breast. A small gland was felt in the left axilla. It was the discovery of the nodule which had alarmed the patient.

R *Carcinosum* 100, three doses to go over the month.

*April 11th.*—Nodule entirely disappeared.

The indurated condition of the upper parts of the breasts still remained, but there was no sign of the nodule and there has been no return of it, as I ascertained quite recently.



## CHAPTER VI

### THE RELATION OF CANCER TO OTHER DISEASES

WE shall never be able to acquire a rational view of cancer until we are able to regard it from the organismic point of view as well as from the tumour point of view. Anybody can diagnose an apple-tree when he sees apples growing on it, but the skilled botanist can distinguish between an apple-tree, a pear-tree, and a plum-tree, even when there are no leaves on them. In the same way, the skilled physician

should be able to diagnose the cancer organism before any lump has appeared; but that will only be possible when our pathologists approach the subject from the organismic standpoint. Cancer Research Associations may succeed in bringing to light many interesting facts of microbiology, and heap up piles of statistics; but for any real knowledge of the essence of the trouble or the means of dealing with it, we must look elsewhere.

I propose in this chapter to cite a few facts which may suggest to other observers the lines on which fruitful investigation may be made.

Some years ago I was sent for to Holland, to see a lady who had

previously been under the care of Dr. Burnett. She had originally gone to him to escape a sentence of immediate operation pronounced by a leading specialist at home. Dr. Burnett has himself told the story of the case (*Change of Life in Women*), and here it is—

“As I have before pointed out,” says Dr. Burnett, “the various tumours of the breast commonly have their seat of origin in the womb or ovaries; and holding this view, I have succeeded from time to time in curing very many such tumours in women at all periods of life, and notably at the change of life. Thus, recently the Baroness X. telegraphed to me from the Hague that her doctor

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there had diagnosed *Interstitial Mastitis* of her right breast, and urged an immediate operation. I wired back forbidding the operation, saying that medicines would cure it. Her ladyship appeared in my consulting-room three days thereafter, and I found the diagnosis correct: the right breast being pretty uniformly infiltrated and hard. Under *Scirrhinum C.* the breast became quite normal within two months; but then it became manifest that the real origin of the trouble still persisted, and lay in the pelvic organs, and this pelvic root trouble I am now treating. I can afford to forgive certain insolent remarks of a very prominent medical brother at the

Hague: he knows no better, and what he does not know of interstitial mastitis is not knowledge. What on earth is the use of ablating a breast for a swelling that has its root-life in the female pelvic organs?"

When I saw the patient some years later I was able to ascertain that the breast and the pelvic region were absolutely healthy. But a new condition had developed—the very troublesome condition known as Mucous Colitis.

I mention this case because it seems to me that mucous colitis is often an expression of a cancer-tendency. A year or two back, Dr Spiers Alexander mentioned a case in a paper on Mucous Colitis read

by him before the British Homœopathic Society, in which a tumour appeared in the right breast when the mucous colitis subsided, and decreased in size when the colitis reappeared. In this case there was an alternation of symptoms between the breast and the large intestines. I have at present under treatment a similar case, in which there is scirrhus of the right breast associated with mucous colitis. In this case the cancer nosodes have had the greatest effect in relieving the bowel symptoms.

I have again and again noticed a very close alliance between the tubercular and cancerous diatheses. It is, of course, common to find in families with a strong tubercular

taint that whilst some develop tubercle others develop cancer. In the cases I have cited there was as often a tubercular history as there was a cancerous one.

But gout is a factor of no less importance than either of the other two. A lady came to Dr Burnett one day with a tumour in the breast. "What is it, doctor?" she asked. "It is a gouty lump," he replied—and quite truly. He cured the patient, but he said afterwards, "If I had given it its other name, I should never have had a chance of curing the lady—she would never have survived the diagnosis."

In an exceedingly gouty family with which I am acquainted, four members died over seventy years

of age—one sister of cancer of the breast; one sister of gout ending in ulceration of the mouth—she had been badly poisoned with an arsenical paper many years before; one sister of decay of nature—she had become a victim of the chlorodyne habit; the fourth, a brother, died of chronic gouty bronchitis. He had for many years a large patch of gouty eczema of the cuirass-like kind on the lower part of the back.

In a case of open cancer of the breast which I am now attending with Dr Le Hunte Cooper, a very threatening state of affairs at one time supervened. All the surrounding tissues became swollen and hard and inflamed. It appeared as if



rapid infiltration had taken place and the disease was about to make great advance. But under treatment the swelling as rapidly subsided, and in its place appeared an obvious attack of gout in the great toe. I am not prepared to say that the feared extension would not have taken place if the gouty attack had not been diverted.

I have already pointed out (in the preface of this work) that the cancer state not infrequently takes the form of rheumatism, and as Dr Robert Cooper mentioned, blood-poisoning of various kinds can give rise to it. Then, as is well known, numerous poisons have been known to set up cancer, especially arsenic and its compounds. It is for this

reason that arsenical preparations have been used successfully, especially by homœopathists in the cure of cancer. Finally, there is *trauma*, in its numerous shapes of injuries or irritations, and, as we have had in recent examples, the cancer caused by X-rays.

I merely throw out these few suggestions to show that if ever we are to understand cancer, we must take wide views and regard it in all its aspects. We certainly shall not understand it by inoculating millions of generations of mice.

## CHAPTER VII

### THE CANCER NOSODES

**I**T will have been noticed that in treating the cases detailed above I have largely used the cancer nosodes, and in nearly all the instances they were nosodes prepared for Dr Burnett. Dr Burnett was not the first to use them, but we owe to him a very large extension of our knowledge of their uses.

Dr Burnett found it advisable to provide himself with a large number of different preparations

of cancer and other nosodes, every one of which covered different areas in the outlying field, though all were centrally alike. To those preparations he gave different names, and I have been able in a measure to find out their differences, though he left no written record of them. Indeed, he was in the investigation stage at the time of his lamented death. Had he lived he would doubtless have given the knowledge to the world ; as it is, we must find it out for ourselves. And the way is not so difficult, since he has pointed it out. Thus, in building up a pathogenesis of any nosode, we have in the first place the

(1) Symptoms of the disease.

Here, as in the case of other remedies, it is the peculiar, striking, and characteristic symptoms which count the most. For instance, the general indication for *Syphilinum* is the sunset to sunrise aggravation—which also, by the way, is a general indication for *Mercurius* and *Aurum*, the leading anti-syphilitics in the mineral world.

Next we have—

(2) The proving of the nosode in the potencies.

This is of a very high grade of importance, and one which Burnett would have been the very last to neglect. Burnett certainly proved the cancer nosodes in a fragmentary way on himself, but I am not aware of any records of these

provings. The only symptom I know that they definitely produced in him was the deathly sinking sensation, after the kind of the anti-psorics, but not confined to any special hours of the day or night.

The disease-symptoms and the provings, either singly or combined, give us a starting-point for the use of these remedies in practice, and this brings me to the third most fruitful source of indications—

(3) Clinical experience.

Indications derived from clinical experience are of two kinds: (1) cured symptoms; and (2) produced symptoms.

Dr Burnett obtained his nosodes from different sources, and gave

them different names. Those which I know most about are the following :—

1. Scirrhinum.
2. Carcinosin.
3. Durum.
4. Karkinosin.

These four are all, I have no doubt, variants of the same nosode—hard cancer.

5. Masto-hæmatin,
6. Dextro-masto-hæmatin.

These are, I infer, from bleeding cancers of the breast, the latter of the right breast.

7. Mamillin.

Probably from Paget's disease of the nipple.

8. Sarcomin and
9. Sarcothoracin

are sufficiently defined by their names, as are also

10. Epitheliomin and

11. Epitheliomin-syphiliticum.

We have thus eleven different nosodes of malignant disease used by Burnett.

In addition to Burnett's nosodes I may mention another which I used on my own account some seven or eight years ago. I was treating a case of rodent ulcer of the nose, and from the crusts which formed I had a preparation made which I named *Rodulcerin*. I cannot say definitely that it had any effect on the patient herself, as she had so many other troubles besides the rodent ulcer that I was compelled to treat at the same time



—mucous colitis and attacks of spasmodic bronchitis among the number—that I never could be sure enough of the action of any remedy on the nose to make a definite observation on the point. The lady lived a good distance from town, so that my treatment was mostly by correspondence. It was after I had been treating the other troubles for some time that I heard the nose was perfectly well! I may say she had taken expert advice about it on the urgent persuasion of friends, and had been advised to submit to operation. She preferred to remain under my treatment. Homœopathy does not treat diseases by name, but treats individuals constitutionally. The

most urgent symptoms demand the first consideration. If the law is faithfully followed, it will take care of conditions that are less urgent and cure more than is directly aimed at, as it did in this case.

## CHAPTER VIII

### DIET IN CANCER : EXERCISE

**I**T may be useful before closing this work to say a few words on diet in tumour cases, and especially in cases of cancer.

In a general way it is not found necessary to make any drastic changes from ordinary diet. For the most part, our remedies will do their work in spite of a certain degree of laxity in feeding. But there are certain things which it is better to avoid. Dr Burnett particularised milk, pork, and salt, and

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in this I agree with him. Milk and pork are both highly *formative* foods. They provoke rapid tissue growth, and therefore provoke the growth of abnormal tissues as well as normal ones. Moreover, milk is especially to be avoided in breast tumours, since it is itself a breast tissue and stimulant.

What about animal diet as compared with vegetable diet? The gouty cases which I mentioned in the last chapter supply in a measure an answer to this query. It has been claimed that a vegetarian diet is a sure preventive of cancer. This claim has not been substantiated. But at the same time, in gouty cases, the plan of substituting a purin-free dietary

for a meat dietary has very great advantages. In one case in which the disease seemed to me to be getting the better of the struggle with the remedies, I put the patient on an entire fruit dietary—stopping tea and all drinks at the same time—with a marked effect in checking the progress of the disease.

In dieting patients the individual must always be considered. It will not do to let the vitality get too low, and some patients can only maintain their vitality on an animal dietary. So long as the malady is kept well in check by remedies, no strict rules need be laid down; but when it is advancing, everything which restricts normal tissue-change should be carefully avoided

—tea, coffee, alcohol ; and everything which promotes the formation of uric acid—meat, eggs, fish, and the pulse foods—peas, beans, and lentils. Fruits of nearly all kinds can be taken as much as desired, and taken uncooked when possible. Nuts and nut foods are also useful, and cereal foods, and cheese. I do not object to milk *cooked* with foods, which has a different effect from uncooked milk, and cheese is a valuable substitute for meats when meat is excluded. It is best cooked in some form, as with macaroni.

Before closing, I must say a word on another topic. In cases of this kind the issue between a fatal result and recovery often depends on an apparently trifling

matter. A person in ordinary health may overtax himself in many ways and recover from the effects; but one with a serious disease cannot do that without very great risk of the disease getting ahead of the remedies. Exercise is excellent, provided the patient is in a condition to take it; but a walk that is a quarter of a mile too long, may produce a degree of fatigue that is never recovered from. The same may be said of fresh air. Fresh air is excellent for keeping up vitality, but if it is obtained at the cost of fatigue, much more harm is done than good, and this applies to a fatiguing drive as much as to a fatiguing walk.

Patients who have tumours of the breast should particularly avoid over-exertion of the *arms*.

“Indigestion” is a very frequent trouble in cancer patients, and it will be well to insist that a period of not less than half an hour be devoted to rest *before* as well as after a meal. Fatigue is in any case injurious to those in delicate health, but it is especially bad if it is incurred just before a meal is taken. The system is in no condition to assimilate the food taken when it is in a state of exhaustion. If a period of rest *before* a meal is enjoined, that danger will be obviated.



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